CHAPTER 8

DENTAL DEPARTMENT

STANDARD OPERATING PROCEDURE

500 BED FLEET HOSPITAL

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500 BED FLEET HOSPITAL

STANDARD OPERATING PROCEDURES

DENTAL DEPARTMENT

A. **MISSION**: Provide services in support of combat related injuries, including routine dental treatment and prosthodontics.

B. **FUNCTIONS**:

1. Provide routine and emergency dental care to patients and staff.

C. **PHYSICAL DESCRIPTION**:

1. Dental Department.

a. Location within complex:

b. Sheltering.

Type: Temper Tent.

Quantity: Two, one half sections.

c. Material.

IOL: 0003, 0004, PDOB-E, PDOP

2. Dental Operatory.

a. Location within complex:

b. Sheltering.

Type: Temper Tent.

Quantity: One half section.

c. Material.

IOL: 0003, 0004, PDOB-E, PDOP

3. Dental Prosthetics

a. Location within complex:

b. Sheltering.

Type: Temper Tent.

Quantity: One half section.

c. Material.

IOL: 0003, 0004, PDOB-E, PDOP

D. **SPECIAL CONSIDERATIONS**:

1. Oral surgery accomplished in main O.R.

2. One field dental chair.

3. Prosthetics lab primarily used for splint formation.

E. **WORKLOAD**: N/A.

F. **ORGANIZATION**:

1. Responsibility. The Head, Dental Department, who reports to the Director of Surgical Services, is assigned overall management responsibility. The department is divided into two Divisions.

2. Organizational chart.

HEAD DENTAL DEPARTMENT

ORAL SURGERY DIVISION

GENERAL DENTISTRY DIVISION

3. Staffing.

(a) Criteria: None.

(b) Staffing pattern: Two 12 hour watches.

PERSONNEL	AM Watch	Night Watch	Total Assigned
Head, Dental Department	1		1
Oral Surgeon	1	1	2
General Dentist	2	1	3
Dental Supervisor	1	1	2
Dental Tech	5	4	9
Dental Lab Tech	2	1	3

4. Assignments by Billet Sequence Number: See TAB A, page 12.

5. Watch Bill: See TAB B, page 13.

6. Special Watches:

G. **TASKS**:

Tasks	Methods
1. UPDATE/INITIATE PATIENT TREATMENT RECORDS	1.1 Staff personnel will obtain dental records from Manpower Management Department and will report to Dental with those records.
	1.2 Inpatients will report to Dental with their Inpatient Treatment Records.
	1.3 Initiate a Dental Health Questionnaire, NAVMED 6600/3 and Dental Treatment Record, SF 603 in all other cases.
2. CONDUCT DENTAL SICK CALL	2.1 Conduct routine dental sick call and provide non-emergency dental consultations in the Dental Department at:
	2.1.A 0730 - 0830 daily.
	2.1.B 1930 - 2030 daily.
	2.2 Evaluate and treat dental emergencies at any other time.
	2.3 The Oral Surgeon will evaluate and treat facial trauma (facial fractures and soft tissue injuries) as well as oral pathology at any time.
3. CONTROL AND DOCUMENT PATIENT VISITS	3.1 Log all patient visits in the Department Day Log (see TAB C-1).
	3.2 Determine chief complaint and/or purpose visit.
	3.3 Assign patient an appointment or refer

			directly to Dentist for treatment.
		3.4	Document treatment in the appropriate patient record.
		3.5	Document treatment in Individual Daily Treatment Record.
4.	COLLECT/DELIVER CONTAMINATED	4.1	All contaminated items to be resterilized will be sent to CSR. Detailed CSR Operating Procedures are in Chapter 5.
		4.1.A	Dental Techs will place all contaminated items, linens, and trash in wire carts located outside each OR Module, specifically labeled for these purposes.
		4.1.B	Damaged items will be labeled and set aside.
		4.1.C	Place sharp instruments together.
		4.1.D	Count, bag, and label linens to be sent to the laundry.
		4.1.E	Destroy used needles, syringes, and blades and deliver to CSR. CSR will process IAW procedures set forth in Chapter 5.
5.	PREPARE INSTRUMENT TRAY ASSEMBLY CARDS	5.1	Determine the particular instrument trays required by both General Dentists and Oral Surgeons.
		5.1.A	Prepare Instrument Tray Assembly Cards (see TAB F-4) for each of the trays.

	5.1.B	Deliver copies of these cards to CSR to assist in the assembly of dental trays.
	5.1.C	Review the cards quarterly to insure that proper instruments /supplies are included.
6. X-RAY PATIENTS	6.1	Prepare equipment IAW manufacturer's manuals.
	6.1.A	Use appropriate equipment and film-screen combination to determine basic exposure factors.
	6.1.B	Use compensating factors to determine final exposure factors.
	6.1.C	Focal film distances must be within one inch of determined distance.
	6.1.D	Collimator must be set for the the area of exposure.
	6.1.E	Center central ray to film.
	6.1.F	Make and verify exposure IAW manufacturer's equipment instructions.
7. PROCESS FILMS USING AUTOMATIC METHODS	7.1	Prepare film processors for use IAW with manufacturer's instructions. Prepare solutions IAW manufacturer's instructions and TAB C-3.
	7.2	Maintain tanks at optimal fill level. Replace solution IAW manufacturer's instructions. Ensure that there is no cross contamination between

tanks and mixing containers.

7.2.A Check filter cartridges frequently and clean or replace as necessary.

7.2.B Change water daily or IAW manufacturer's instructions.

7.2.C Process clean up film.

7.2.D Insert films into the processor IAW manufacturer's instructions. Clear film jams and troubleshoot IAW with manufacturer's instructions.

7.2.E Shutdown processor IAW manufacturer's instructions. Turn all switches to off position. Open processor cover slightly.

8. PROCESS FILM USING MANUAL METHOD

8.1 Prepare solutions IAW manufacturer's instructions. Keep trays at desired temperature and at optimal level of fill. Rotate solutions IAW manufacturer's instructions. Detailed instructions are contained in TAB C-4.

8.1.A Ensure that there is no cross contamination between trays and that work bench is kept dry.

8.2.B Remove exposed film from holders.

8.2.C Mount wet film on processing hangers for developing, fixing,

		washing, and drying.
	8.2.D	Expose to safe light at a minimum.
	8.2.E	Use timer for each processing step.
9. DISPOSE OF USED SOLUTIONS	9.1	Dispose of used solutions.
10. RADIATION SAFETY PROCEDURES	10.1	Ensure that patients and staff are exposed to the lowest possible level of radiation.
	10.1.A	Use protective devices and barriers at all times.
11. PROTECT PATIENTS FROM EXCESS RADIATION	11.1	Ensure that exposure factors provide the lowest feasible exposure to radiation.
	11.1.A	Use filtration and collimation at all times.
	11.1.B	Limit the primary beam to the smallest possible area so that primary radiation does not cover areas beyond the border of the film.
	11.1.C	Ensure that total filtration does not exceed 2.5mm of aluminum or equivalent for voltages greater than 70 KVP.
	11.1.D	Use gonadal shielding. Ensure that shielding does not cover the part to be examined.
	11.1.E	Avoid repeat procedures by careful determination of exposure factors, positioning, and film processing.

		11.1.F Calculate safe exposure limitations using techniques chart and manufacturer's tube rating chart.
	12. PROTECT STAFF FROM EXCESS EXPOSURE	12.1 Use protective devices (aprons, gloves, etc.) and shielding devices to protect from exposure to primary beam or scatter radiation.
		12.2 If staff must hold patient, use appropriate shielding, i.e., protective gloves and apron.
	13. OPERATE RADIATION SAFETY PROGRAM	13.1 A qualified Radiation Safety Officer (may be enlisted specialist) will be appointed to enforce safety measures.
14.	REACT TO MEDICAL EMERGENCIES	14.1 Personnel must recognize medical emergencies, to include shock, hemorrhage, pulmonary or cardiopulmonary arrest, partial airway obstruction, and/or syncope.
		14.1.A Treat these IAW TAB C-5.
		14.2 Establish and inspect emergency tray IAW TAB C-6.
		14.2.A Ensure that there are no outdated or missing items.
		14.3 All personnel must be able to locate emergency equipment immediately and initiate oxygen therapy. Obtain help as needed to manage the emergency.
	15. PERFORM DENTAL	15.1 Administrative actions

SERVICES ADMINISTRATIVE FUNCTIONS		supports the provision of clinical services. Adequate staffing within resources is provided and training must be conducted to assure proper skills are mastered. Ensure that service reference library and SOP are on hand.
	15.2	Properly prepare and maintain service records, reports, and files, and forward IAW TABs C-7 and C-8.
16. PROVIDE PERSONNEL	16.1	Determine staffing needs and post schedule to assure present-in-section or on-call coverage for service at all times.
	16.1.A	Recall staff IAW TAB C-19.
	16.1.B	Provide supervised on-the-job experience to assure that duty personnel have the required skills to accomplish the mission.
17. MAINTAIN WORKING LEVELS OF SUPPLIES/EQUIPMENT	17.1	Identify working levels of supplies.
	17.1.A	Accomplish request /requisitions/return functions IAW with Chapter 14.
	17.1.B	Ensure that supplies on hand do not exceed identified levels under normal circumstances.
	17.1.C	File copies of supply documents.
	17.2	Store supplies properly. Store films in such a way as to preclude

		accidental exposure and deterioration IAW manufacturer's instructions.
	17.2.A	Maintain equipment accountability at all times.
	17.3	Return outdated drugs to Pharmacy for disposal.
18. PERFORM OPERATOR MAINTENANCE	18.1	Perform operator maintenance for all equipment IAW with manufacturer's instructions.
	18.1.A	Report maintenance requirements not specified as operator maintenance to general or medical maintenance personnel.
	18.1.B	Maintain appropriate records.
19. MAINTAIN DEPARTMENTAL LOG	19.1	The LPO of the Watch will maintain the Departmental Log. He will:
	19.1.A	Document significant events such as: - Fire. - Personal. - Staff injury. - Musters. - Utility failures. - Equipment failures. - Field day activities. - Watch reliefs. - Recalls. - Medical emergencies. - Crash kit inspections. - Safety deficiencies. - Other appropriate events.
20. PERFORM ORAL SURGERY PROCEDURES	20.1	The Oral Surgeon will determine the appropriate site for

surgical procedures.

20.1.A If the determined site is one of the main operating rooms, refer to procedures in Chapters __ and __.

20.1.B If the determined site is the Dental Operatory or one of the Minor Surgeries, refer to TABs C-13 and C-14.

H. **STANDARD OPERATING PROCEDURES**: See TAB C, page 14.

I. **CLINICAL POLICIES/GUIDELINES**: N/A

J. **STANDARD AND JOB DESCRIPTIONS**: See TAB D, page 57.

K. **DOCUMENTATION**:

1. References See TAB E, page 67.

2. Forms See TAB F, page 68.

TAB A

ASSIGNMENTS BY BILLET SEQUENCE CODE

Department: Dental

Billet Number	Title	Designator/ Spec Code	Rank/ Rate
65029	HEAD, DENTAL DEPT	2200/1750	0-6
65089	ORAL SURGEON	2200/1750	0-4
65091	ORAL SURGEON	2200/1750	0-4
65049	DENTIST GP	2200/1700S	0-4
65069	DENTIST GP	2200/1700S	0-3
65071	DENTIST GP	2200/1700S	0-3
65019	DENTAL SUPERVISOR	8703/DT	E-7
65039	ADVANCED DENTAL TECH	8703/DT	E-5
65059	DENTAL TECH	0000/DT	E-4
65061	DENTAL TECH	0000/DT	E-4
65079	DENTAL TECH	0000/DT	E-3
65081	DENTAL TECH	0000/DT	E-3
65083	DENTAL TECH	0000/DT	E-3
65085	DENTAL TECH	0000/DT	E-3
65091	DENTAL TECH	0000/DT	E-3
65099	ADV DENTAL LAB TECH	0000/DT	E-6
65119	ADV DENTAL LAB TECH	0000/DT	E-5
65139	BASIC DENTAL LAB TECH	0000/DT	E-4

NOTE 1. Two E-3 Dental Techs assigned to CSR not included in above totals.

NOTE 2. BSC 65029 permanently assigned to Casualty Receiving as Triage Officer on AM watch.

TAB B

WATCH BILL FOR DENTAL DEPARTMENT

BSC	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S
65029	A@	A@	A@	A@	A@	A@	E	A@	A@	A@	A@	A@	A@	E	A@	A@	A@	A@	A@	A@	E
65049	E	A	A	A	A	A	A@	E	P	P	P	P	A	A	E	A	A	A	A	A	A@
65079	P	E	A	A	A	A	P	P	E	P	P	P	A	A	P	E	A	A	A	A	P
65091	E	A	A	A	A	A	A	E	P	P	P	P	A	A	E	A	A	A	A	A	A
65069	A	P	P	P	P	E	A	A	A	A	A	A	E	A@	A	P	P	P	P	E	A
65071	A	A	A	A	A	A@	E	P	P	P	P	A	A	E	A	A	A	A	A	A@	E
65081	A	P	P	P	P	P	E	A	A	A	A	A	P	E	A	P	P	P	P	P	E
65083	A	P	P	P	P	E	A	A	A	A	A	A	E	P	A	P	P	P	P	E	A
65085	P	E	A	A	A	A	P	P	E	P	P	P	A	A	P	E	A	A	A	A	P
65019	A	A*	A	A*	A	A*	E	A*	A	A*	A	A*	A	E*	A	A*	A	A*	A	A*	E
65039	A*	A	A*	A	A*	A	E*	A	A*	A	A*	A	A*	E	A*	A	A*	A	A*	A	E*
65099	E#	A	A	A	A	A	A	E	A	A	A	A	A	A	E#	A	A	A	A	A	E
65119	P	P	P	P	P	P	E	P	P	P	P	P	P	E	P	P	P	P	P	P	E
65139	A	A	A	A	A	A	E	A	A	A	A	A	A	E	A	A	A	A	A	A	E
65089	A	A	A	A	A	A	E	A	A	A	A	A	A	E	A	A	A	A	A	A	E
65091	E	P	P	P	P	P	P	E	P	P	P	P	P	P	E	P	P	P	P	P	P
65059	A	A	A	A	A	A	E#	A	A	A	A	A	A	E	A	A	A	A	A	A	E#
65061	E#	P	P	P	P	P	P	E#	P	P	P	P	P	P	E#	P	P	P	P	P	P

KEY:

A = 0700-1900.
P = 1900-0700.
E = Excused.
@ = Triage Officer.
* = Call.
# = Oral Surgery Call.

TAB C

STANDARD OPERATING PROCEDURES INDEX

TAB C-1

DENTAL DEPARTMENT DAY LOG

A. **PURPOSE**: To provide a sequential, chronological, legal record of dental procedures performed.

B. **DEFINITION**: A hard-bound log (record book) containing the minimum essential information required to identify patients treated.

C. **EQUIPMENT, SUPPLIES, AND FORMS REQUIRED**:

Standard record book.

D. **CRITERIA**:

1. Log must be updated frequently to ensure that a current record of performed dental procedures is readily available.

2. At a minimum, it will be updated before the Watch LPO is relieved.

E. **STEPS**:

1. The front cover must be marked with the Fleet Hospital unit identification code (UIC), the title "Dental Department Day Log," and the date of initial entry.

2. Each set of facing pages will be divided into vertical columns. Columns will be labeled IAW TAB F-3.

3. Register numbers correspond with numbers assigned to SF 603s and are entered at the time that the patient reports/is admitted to the Dental Department.

4. The log will be closed and procedures summarized at 2400 each day. Draw a double horizontal line beneath the last entry, and enter new date

5. When the log is full, it will be closed by marking the date of the last entry on the front cover.

6. All logs will be maintained in the Dental Department.

F. **RESPONSIBILITY**:

Watch LPO, BSC 65050.

TAB C-2

AUTOMATIC PROCESSOR FILM SOLUTIONS

A. **PURPOSE**: To identify the type of chemistry being used and proper concentrations.

B. **DEFINITION**: N/A.

C. **EQUIPMENT, SUPPLIES, AND FORMS REQUIRED**:

1. Equipment.

Chemistry tanks.

2. Supplies.

(a) DEV X-R (6525-01-024-8877).

(b) FIX X-R (6525-01-024-8878).

(c) Water source.

3. Forms.

Manufacturer's pre-printed instructions.

D. **CRITERIA**:

Chemicals are mixed properly and in correct concentrations.

E. **STEPS**:

1. Developer, 1 Quart univ mix.

(a) Dilute according to package instructions.

(b) Verify replenishment rate.

(c) Replenish solution as needed.

2. Fixer, 1 Quart univ mix.

(a) Dilute according to package instruction.

(b) Verify replenishment rate.

(c) Replenish solutions as needed.

(d) Retain all used fixer for silver reclamation unless directed by higher authority. Coordinate with Radiology Department.

3. Do not empty the solutions in the processor unless they become contaminated, developer becomes exhausted, or required by manufacturer's instruction.

TAB C-3

MANUAL FILM PROCESSING

A. **PURPOSE**: Provide a backup system for film developing in case of automatic processor failure.

B. **DEFINITION**: N/A.

C. **EQUIPMENT, SUPPLIES, AND FORMS REQUIRED**:

1. Equipment.

(a) Film hangers.

(b) Timer.

(c) Thermometer.

(d) Chemical tanks.

2. Supplies.

(a) Exposed film.

(b) Chemicals.

D. **CRITERIA**:

Films are technically satisfactory.

E. **STEPS**:

1. The Technician will:

(a) Remove the developer fixer and wash roller racks from the automatic processor.

(b) Attach exposed film to appropriate size film hanger.

(c) Develop films by dipping them into developer tank for approximately 5 minutes with developer temperature at 68^{o}F or 20^{o}C.

(d) Fix films by dipping them into the fixer tank until they have cleared. The time required varies with fixer age, and the number of films being fixed. The fixer temperature should be between 65^{o} to 75^{o}F or 18^{o} to 24^{o}C.

(e) Wash all film in wash tank of automatic processor.

(f) Hang films to dry.

2. Dental Officer may make a wet reading after the film(s) have been washed approximately 2 minutes.

TAB C-4

RADIATION PROTECTION

A. **PURPOSE**: To identify standards of staff and patient radiation protection.

B. **DEFINITION**: A safety program to oversee and control the use of ionizing radiation to both staff and patients.

C. **EQUIPMENT, SUPPLIES, AND FORMS REQUIRED**: N/A.

D. **CRITERIA**: Ensure that:

1. The operator is adequately trained in the safe and proper operation of the equipment.

2. The operator is familiar with the potential hazards associated with the equipment.

3. Radiographic techniques achieve desired objectives with minimum patient dose.

4. Proper gonadal shielding is provided.

E. **STEPS**: When employing fixed radiographic equipment the operator will:

l. Stand behind a suitable barrier.

2. Wear a lead apron when holding a patient for an exam.

3. Avoid the direct beam when holding a patient.

TAB C-5

REACT TO MEDICAL EMERGENCIES

A. **PURPOSE**: To establish the protocol to react to medical emergencies.

B. **DEFINITION**: A medical emergency is a situation causing a life threatening condition that requires immediate medical attention to sustain life.

C. **EQUIPMENT, SUPPLIES, AND FORMS REQUIRED**:

1. Equipment.

   (a) Sparks Kit.

   (b) Litter with blankets.

2. Supplies.

   (a) As provided on Sparks Kit.

   (b) As requested by attending Physician.

3. Forms.

   Chronological Record of Patient Care (SF 600)..

D. **CRITERIA**:

All equipment properly supplied and functional.

E. **STEPS**:

1. Shock.

   (a) Lay patient down with feet elevated.

   (b) Keep patient warm.

   (c) Initiate parenteral fluid therapy.

   (d) Call for assistance.

2. Hemorrhage.

   (a) Apply direct pressure to area.

   (b) Call for assistance as required.

3. Pulmonary arrest.

(a) Establish airway.

(b) Give mouth-to-mouth or ambu/oxygen controlled respiration.

(c) Call code as necessary.

4. Cardiopulmonary arrest.

(a) Establish airway.

(b) Start CPR, prepare SPARKS kit, and oxygen.

(c) Call code.

5. Obstructed airway.

(a) Clear mouth.

(b) Four blows back, four ABD thrusts until airway clears.

(c) Call code as necessary.

(d) Prepare sparks kit and oxygen delivery system.

6. Syncope.

(a) Lay patient in head down position.

(b) Keep warm.

(c) Initiate oxygen therapy and/or respiratory stimulation.

(d) Monitor vital signs.

(e) Seek assistance if condition not immediately remedied.

TAB C-6

EMERGENCY CARDIO RESUSCITATION KIT

A. **PURPOSE**: To provide appropriate supplies/equipment needed during emergency situations.

B. **DEFINITION**: N/A.

C. **EQUIPMENT, SUPPLIES, AND FORMS REQUIRED**:

1. Emergency Cardio Resuscitation Kit (Sparks Kit).

2. Emergency Kit Inventory List.

3. Departmental Log.

D. **CRITERIA**:

1. Emergency Cardio Resuscitation Kit is readily accessible.

2. Kit is completely stocked and inventoried, if seal is intact.

3. Oxygen cylinders and seals or Emergency Cardio Resuscitation Kit are checked daily.

E. **STEPS**:

1. Emergency Cardio Resuscitation Kit will be located in the OR Prep and Hold Area at all times. It will be used only for cardio resuscitative bonified emergencies.

2. Senior Dental Tech on each watch will check to ensure seals have not been broken, and oxygen cylinders have a minimum pressure of 500 psi.

3. Inventory emergency Cardio Resuscitation Kit monthly or when seals have been broken.

4. Post drug expiration dates on the Emergency Kit Inventory List on outside of cart and check daily.

5. Make appropriate entries in the Departmental Log.

6. Senior Dental Tech will be responsible for re-supplying cart during normal working hours. The Watch LPO assumes this responsibility at other times.

F. **RESPONSIBILITY**:

Senior Dental Tech or his representative.

TAB C-7

DEPARTMENTAL REPORTING REQUIREMENTS

A. **PURPOSE**: To establish internal and external reporting requirements as they relate to dental workload documentation.

B. **DEFINITION**: N/A.

C. **EQUIPMENT, SUPPLIES, AND FORMS REQUIRED**:

1. Forms.

(a) NAVMED 6600/11, DIRS Individual Daily Treatment Record.

(b) NAVMED 6600/8, DIRS Treatment Report.

D. **CRITERIA**:

Report is submitted accurately and on time.

E. **STEPS**:

1. Individual dental care providers will:

(a) Initiate a new DIRS Individual Daily Treatment Record at the beginning of each watch.

(b) Enter appropriate data for each patient treated on that Record.

(c) Date, sign, and deliver completed Records to the Dental Administrative Petty Officer at watch relief.

2. The Administrative Petty Officer will:

(a) Accumulate all DIRS Individual Treatment Records submitted by the care providers.

(b) Translate plain language treatment labels to appropriate DIRS Treatment Codes.

(c) Summarize Individual Reports not less than weekly and post to a working copy of the DIRS Treatment Report.

(d) During the first week of each month, summarize the weekly working copies onto a smooth DIRS Treatment Report.

(e) Provide completed smooth report to the Department Head.

3. The Head, Dental Department will:

(a) Review and sign the smooth DIRS Treatment Report.

(b) Deliver to the Commanding Officer for transmission to higher authority.

F. **REPORT DISTRIBUTION**:

1. Individual daily treatment records.

(a) Original to departmental files.

(b) Copy to submitting care provider.

2. Working copies 6600/8.

(a) Original to departmental files.

(b) No other copies.

3. Monthly 6600/8.

(a) Original to COMNAVMEDCOM.

(b) Copy to Commanding Officer.

(c) Copy to departmental files.

G. **RESPONSIBILITY**:

1. Dental Department Administrative Petty Officer (Primary).

2. Individual Care Providers (Collateral).

TAB C-8

MAINTENANCE OF GENERAL FILES

A. **PURPOSE**: To provide a system for maintaining dental general files.

B. **DEFINITION**: N/A.

C. **EQUIPMENT, SUPPLIES, AND FORMS REQUIRED**: N/A.

D. **CRITERIA**:

1. Forms are filed in sequence - file number and chronological order.

2. Documents are easily retrievable.

E. **STEPS**:

1. The Administrative Petty Officer will:

(a). Assure all correspondence, message traffic and other files are maintained IAW SECNAVINST 5210.11C Standard Subject Identification Codes.

(b). Maintain any other file as directed by Head, Dental Department.

2. At a minimum, the file will contain:

(a) Departmental logs.

(b) Day logs.

(c) Maintenance requests.

(d) Supply requests.

(e) Watch bills.

(f) Notices/Instructions.

(g) NAVMED 6600/8s.

(h) NAVMED 6600/11s.

F. **RESPONSIBILITY**:

Dental Department Administrative Petty Officer.

TAB C-9

RECALL STAFF PROCEDURES

A. **PURPOSE**: To provide a system to recall off-duty personnel.

B. **DEFINITION**: N/A.

C. **EQUIPMENT, SUPPLIES, AND FORMS REQUIRED**:

Forms - Departmental Watch Bill.

D. **CRITERIA**:

Additional staff is sufficiently augmented to meet increased patient load.

E. **STEPS**:

1. The watch will initiate recall directed by higher authority.

2. The recall will be:

(a) Limited to the number of augmentees actively required.

(b) Reported to the Duty Dentist.

3. On call personnel will:

(a) Respond as quickly as possible.

(b) Report to Senior Watchstander.

TAB C-10

SURGICAL HANDWASHING PROCEDURE

A. **PURPOSE**: To expose all surfaces of the hands and forearms to mechanical cleaning and chemical antisepsis.

B. **DEFINITION**: Two methods may be used.

1. Time Method - Allot a prescribed amount of time to each anatomical area of hand, arm or each step of the procedure.

2. Brush-Stroke Method - Allot a prescribed number of brush strokes for each anatomical area to remove resident flora by friction.

3. Anatomical Pattern of Scrub - Four surfaces of each finger, beginning with the thumb and moving from one finger to the next, down the outer edge of the fifth finger, over the dorsal (back) surface of the hand, the palmar (palm) surface of the hand, or vice versa, from small finger to thumb, over the wrists and up the arm, in thirds, ending 2 inches (5 cm) above the elbow. Since the hands are in most direct contact with the sterile field, all steps of the scrub procedure begin with the hands and end with the elbows.

C. **EQUIPMENT, SUPPLIES, AND FORMS REQUIRED**:

1. Antimicrobial (antiseptic) detergent, i.e., chlorhexidine gluconate, povidone - iodine, or hexachlorophene.

2. Sterile scrub brush may or may not be impregnated with antimicrobial agent.

3. Scrub sink with knee control. (in OR spaces).

D. **CRITERIA**:

1. Scrub always begins with the hands and ends with the elbow.

2. Fingernails will be clean after scrubbing with brush.

3. During and after scrubbing, the hands will be held higher than the elbows to allow water to flow from the cleanest area, the hands, to the marginal area of the upper arm.

4. Hands will be thoroughly dried before putting on gloves.

E. **STEPS**:

1. Five-minute scrub method.

(a) Turn water on with knee control at scrub sink.

(b) Wet hands and forearms.

(c) Apply antiseptic agent from dispenser to the hands.

(d) Wash hands and arms several times thoroughly to 2 in. (5 cm) above elbows. Rinse thoroughly under running water, with hands upward, allowing water to drip from flexed elbows.

(e) Take a sterile brush or sponge (from a package or dispenser), apply antimicrobial agent if it is not impregnated in the brush. Scrub nails and hands, a half minute for each hand.

(f) Clean fingernails carefully under running water with a metal or disposable plastic nail cleaner. Discard after use.

(g) Again scrub nails and hands with the brush a half minute for each hand, maintaining lather.

(h) Rinse the hands and discard the brush or sponge.

(i) Reapply antimicrobial detergent and wash hands and arms with friction to the elbow for three minutes. Interlace the fingers to cleanse between them.

(j) Rinse hands and arms as before.

2. Brush-stroke method.

(a) Wet hands and arms.

(b) Wash hands and arms thoroughly to 2 in. (5 cm) above the elbow with antiseptic agent.

(c) Clean fingernails carefully under running water with a metal or disposable plastic nail cleaner. Discard after use.

(d) Rinse hands and arms thoroughly under running water, keeping the hands up, and allowing water to drip from the elbows.

(e) Take a sterile brush or sponge from a dispenser or package. Apply antiseptic agent to the brush or sponge if not previously impregnated.

(f) Scrub the nails of one hand 30 strokes, all sides of each finger 20 strokes, the back of the hand 20 strokes, the palm of the hand 20 strokes, the arms 20 strokes for each third of the arm, to 2 inches (5 cm) above the elbow.

(g) Repeat step f. for the other hand and arm.

(h) Rinse hands and arms thoroughly.

F. **RESPONSIBILITY**:

1. Each person must be accountable for his own technique.

2. Senior Dental Technician will orient/monitor OR technicians.

G. **REFERENCE**:

Berry and Kohn's Introduction to Operating Room Technique, 6th Ed. by L. Atkinson and M. Kohn, Mc-Graw-Hill Book Company.

TAB C-11

GOWNING AND GLOVING TECHNIQUE

A. **PURPOSE**: Sterile gown and gloves are worn to exclude skin as a possible contaminant and to create a barrier between sterile and unsterile areas.

B. **DEFINITION**:

1. Closed glove technique - glove is placed over cuff of gown so no bare skin is exposed - preferred method of gloving for the OR.

2. Open glove technique - gloves are worn alone without sterile gown. In OR, usually used when changing a glove, administering spinal anesthesia, or doing an intravenous cutdown.

C. **EQUIPMENT, SUPPLIES, AND FORMS REQUIRED**:

1. Sterile gown pack with towel on top.

2. Sterile gloves by size.

3. Prep cart, back table.

D. **CRITERIA**:

1. Gown packages are opened away from other packages to avoid any chance of contamination from dripping water.

2. Sterile gown and gloves are put on immediately after 5 minute scrub.

3. Hands will be dried independently on towel such that a clean towel area is used for each hand.

4. Hands will never touch outside of sterile glove or gown.

5. Hands will be kept above waist level at all times.

E. **SPECIAL CONSIDERATION**:

The method of gloving used determines how the gown is donned.

F. **STEPS**:

1. Dry hands thoroughly before gowning.

(a) Reach down to the opened sterile package and pick up the towel. Be careful not to drip water onto the pack. Be

sure no one is within arm's reach.

(b) Open towel full-length, holding one end away from non-sterile scrub attire. Bend slightly forward to avoid towel touching attire.

(c) Dry both hands thoroughly but independently. To dry one arm, hold the towel in the opposite hand and, using an oscillating motion of the arm, draw the towel up to the elbow.

(d) Carefully reverse the towel, still holding it away from the body. Dry the opposite arm on the unused (now uppermost) end of the towel.

2. Don Sterile gown for closed glove technique.

(a) Reach down to the sterile package and lift the folded gown directly upward.

(b) Step back away from the table, into an unobstructed area, to provide a wide margin of safety while gowning.

(c) Holding the folded gown, carefully locate the neckband.

(d) Holding the inside front of the gown just below the neckband with both hands, let the gown unfold, keeping the inside of the gown toward the body. Do not touch the outside of the gown with bare hands.

(e) Holding hands at shoulder level, slip both arms into armholes simultaneously.

(f) The circulating nurse brings gown over the shoulders by reaching inside to shoulder and arm seams. The gown is pulled on, leaving the sleeves extended over the hands. The back of the gown is securely tied or fastened at the neck and waist, touching outside of gown at the line of ties or fasteners, in back only.

3. Don gloves using closed glove technique.

(a) Using the left hand, and keeping it within the cuff of the left sleeve, pick up the right glove, from the inner wrap of the glove package, by grasping the folded cuff.

(b) Extend the right forearm with palm upward. Place the palm of the glove against the palm of the right hand, grasping in the right hand the top edge of the cuff, above the palm. In correct position, glove fingers are pointing toward you and the thumb of the glove is to the right. The thumb side of the glove is down.

(c) Grasp the back of the cuff in the left hand and

turn it over the end of the right sleeve and hand. The cuff of the glove is now over the stockinet cuff of the gown, with hand still inside the sleeve.

(d) Grasp the top of right glove and underlying gown sleeve with covered left hand. Pull glove on over extended right fingers until it completely covers the stockinet cuff.

(e) Glove the left hand in the same manner, reversing hands. Use gloved right hand to pull on left glove.

4. Alternative: Don gown for open glove technique.

(a) Reach down to the sterile package and lift the folded gown directly upward.

(b) Step back away from the table, into a clear area, to provide a wide margin of safety while gowning.

(c) Holding the folded gown, carefully locate the neckband.

(d) Holding inside front of gown just below the neckband with both hands, let the gown unfold, keeping inside of the gown toward the body.

(e) Holding hands at shoulder level, slip them into the armholes simultaneously, without touching sterile exterior of the gown with bare hands.

(f) The circulating nurse reaches inside the gown to sleeve seams, and pulls the sleeves over the hands to the wrists. Then back of gown is securely closed at the neck and waist with ties or fasteners, touching outside of gown at the line of ties or fasteners in the back only.

5. Alternative: Don gloves using open glove technique.

Principle - uses a skin-to-skin, glove-to-glove technique. The first glove is put on with skin-to-skin technique, bare hand to inside cuff. The sterile fingers of that gloved hand may touch sterile exterior of the second glove, i.e., glove-to-glove technique.

(a) With left hand, grasp the cuff of the right glove on the fold. Pick up the glove and step back from the table. Look behind you before moving.

(b) Insert right hand into the glove and pull it on, leaving the cuff turned well down over the hand.

(c) Slip fingers of the gloved right hand under the everted cuff of the left glove. Pickup the glove and step back.

(d) Insert hand into the left glove and pull it on, leaving the cuff turned down over the hand.

(e) With fingers of the right hand, pull cuff of the left glove over cuff of the left sleeve. If the stockinet is not tight, fold a pleat, holding it with right thumb while pulling the glove over the cuff. Avoid touching the bare wrist.

(f) Repeat step e for the right cuff, using the left hand, and thereby completely gloving the right hand.

6. Alternative: Assist with gowning another person.

(a) Open the hand towel and lay it on the surgeon's hand, being careful not to touch the hand.

(b) Unfold the gown carefully, holding it at the neckband.

(c) Keeping hands on the outside of the gown under a protective cuff of the neck and shoulder area, offer the inside of the gown to the surgeon. He or she slips the arms into the sleeves.

(d) Release the gown. The surgeon holds arms outstretched while the circulating nurse pulls the gown onto the shoulders and adjusts the sleeves so the cuffs are properly placed. In doing so, only the inside of gown is touched at the seams.

7. Alternative: Assist with gloving another person.

(a) Pick up the right glove, grasp it firmly, with fingers under the everted cuff. Hold the palm of glove toward the surgeon.

(b) Stretch the cuff sufficiently for the surgeon to introduce the hand. Avoid touching the hand by holding your thumbs out.

(c) Exert upward pressure as the surgeon plunges the hand into the glove.

(d) Unfold the everted glove cuff over the cuff of the sleeve.

(e) Repeat for the left hand.

(f) If a sterile vest is needed, hold it for the surgeon to slip hands into the airholes. Be careful not to contaminate gloves at neck level. If gown is a wraparound, assist the surgeon.

8. Alternative: Change gown and gloves during the

operation.

Principle: Always gown before gloves.

(a) Circulating nurse removes contaminated gown by:

(1) Unfastening the neck and waist ties.

(2) Grasping gown at shoulders and pulling inside out.

(b) Surgeon removes gloves using glove-to-glove then skin-to-skin technique.

(c) When only a glove is contaminated, the circulating nurse can remove the glove by grasping outside of the glove cuff about 2 inches (5 cm) below the top of the glove, and pull the glove off inside out.

(d) A sterile team member should assist surgeon in re-gloving.

9. Remove gown and gloves after the operation.

(a) Undue the gown ties.

(b) Pull gown downward from the shoulders turning sleeves inside out.

(c) Turn gloves inside out using glove-to-glove then skin-to-skin technique.

G. **RESPONSIBILITY**:

1. Surgeon.

2. Surgical Technician.

3. Circulating Nurse.

H. **REFERENCE**:

Berry and Kohn's Introduction to Operating Room Technique, 6th Ed. by L. Atkinson and M. Kohn, Mc-Graw-Hill Book Company.

TAB C-12

CLEANING SCHEDULE

A. **PURPOSE**: To remove pathogens and make the environment as clean as possible.

B. **EQUIPMENT, SUPPLIES, AND FORMS REQUIRED**:

1. 4 Scrub basins/buckets.

2. Gloves.

3. Wet vacuum.

4. Scrub brushes.

5. Wipes.

6. Germicidal solution.

7. Laundry bag.

8. Plastic, water soluble laundry bag.

9. Plastic trash bag.

10. Covered container for medical/dental wastes.

C. **CRITERIA**:

1. The operatory equipment, table, lights are damp-dusted with germicidal solution prior to, between, and at completion of all cases.

2. Cleaning and set up time between each case will not exceed 15 minutes.

3. Trash, soiled linens, medical/dental wastes, and instrument trays are removed after each case.

4. Daily cleaning will be performed on PM watch. During peak states clean during lag periods.

5. Decks are wet-vacuumed daily.

6. Temper tent areas are cleaned daily.

D. **STEPS**:

1. Per O.R. case cleaning schedule.

(a) At completion of each O.R. case, segregate and

dispose of all used items.

(1) Roll up contaminated linens and double bag in a plastic water soluble bag inside a contaminated waste bag.

(2) Place other linens in cloth laundry bag.

(3) Place trash in double plastic bags

(4) Empty drainage bottles into a covered container located on a wire cart outside OR module.

(5) Rinse all used instruments in cold water.

(6) Disengage all needles and scalpel blades from handles/holders and place in a separate tray/basin.

(b) Place all instrument trays and bags on wire cart outside OR module.

(c) Prepare germicidal solution in basin according to label on box.

(d) Wearing gloves, damp dust with germicidal solution all equipment, OR table, and lights in OR module.

(e) Place all equipment in neutral position; OR table horizontal, Mayo stands at low position, and back tables against bulkhead.

(f) Allow surfaces to air dry.

2. Daily cleaning schedule.

(a) Wash decks in OR modules and OR support space with wet-vacuum using germicidal solution.

(b) Scrub all surfaces of interior chamber of flash autoclave with a hand brush soaked in germicidal solution and then rinse with clean water.

(c) Wash scrub sink area in Operating Room support space.

(d) Damp dust shelving in Operating Room support space.

(e) Allow surfaces to air dry.

TAB C-13

ORAL SURGERY SCHEDULING

A. **PURPOSE**: To ensure that surgical procedures to be performed in the Dental Operatory or Minor Surgeries are scheduled and that adequate preparations are accomplished.

B. **DEFINITION**: N/A.

C. **EQUIPMENT, SUPPLIES, AND FORMS REQUIRED**: N/A.

D. **CRITERIA**:

Scheduling is orderly and treatment space is available and prepared when required.

E. **STEPS**:

1. At 0700 daily, the Oral Surgeon will inform the Administrative Petty Officer of anticipated times available for non-emergency surgery, i.e., surgery that does not require the use of a Main Operating Room.

2. The Administrative PO will:

(a) Allot Operatory or Minor OR time according to that schedule

(b) Schedule appointments for patients and staff.

(c) Notify appropriate patient ward of appointment and of any provider specified preoperative orders and direct that the patient be transported to the surgery site 30 minutes prior to the scheduled appointment time.

F. **RESPONSIBILITY**:

Dental Department Administrative Petty Officer.

TAB C-14

ORAL SURGERY CHAIRSIDE PROCEDURES

A. **PURPOSE**: To provide procedures to be followed when oral surgery is accomplished in the Dental Operatory or one of the Minor Surgeries.

B. **DEFINITION**: N/A.

C. **EQUIPMENT, SUPPLIES, AND FORMS REQUIRED**:

Appropriate sterile pack(s).

D. **CRITERIA**:

Appropriate equipment, supplies, and documentation is available when required.

E. **STEPS**:

1. Prepare operatory.

(a) Tech will clean and set-up Operatory prior to and between each surgical case. The preparation time will not exceed 30 minutes.

(b) Remove all used items.

(c) Damp dust with germicidal solution and wet-vacuum the Operatory.

(d) Perform operator maintenance on all equipment required to support a procedure IAW the manufacturer's instructions or technical manual.

(e) Consult with surgeon to determine:

(1) Proposed treatment plan.

(2) Planned surgical procedures.

(3) Special considerations derived from records and/or X-rays.

(f) Obtain instrument sets, equipment, and supplies needed for procedures as follows:

(1) All procedures require prep set, drapes, gowns, and gloves.

(2) Gather the correct instrument trays, equipment, and supplies needed. Notify CSR Collection HM if there are insufficient sterile supplies available. If there will be a time delay getting an item, notify the surgeon.

(g) Obtain and review patient's dental/inpatient record.

(h) Mount current radiographs on illuminated view box.

2. Perform preoperative procedures.

(a) Bring patient into the operatory.

(b) As necessary scrub, gown and glove IAW TAB E-14 and 15.

(c) Prep patient's face and perioral tissues with a suitable alcohol sponge technique.

(d) Lay out sterile instruments and linen packs as ordered by the surgeon.

(e) Drape the patient (as dictated by the procedure performed).

(1) Place a single towel drape over the upper body (neck to waist).

(2) Use 36" X 42" sterile drape to cover patient's chest, shoulders, and arms.

(3) Use two sterile towel drapes (one with a 2" edge folded inward) to cover the patient's eyes, head, and head of operating chair. Exercise care when securing head drape with sterile towel clamps to avoid trauma to patient's skin.

(4) Complete the draping procedure by clamping head drape towels to chest drape with sterile towel clamps.

3. Assist during surgery.

(a) Obtain and pass instruments and supplies as required.

(b) Chart procedures performed, progress notes, medication orders, and postoperative instructions.

4. Assist with postoperative procedures.

(a) Cleanse patient's face with saline-moistened sponge.

(b) Apply antibiotic to patient's lips as directed by

surgeon.

(c) Provide printed postoperative instructions to patients not returning to inpatient wards.

(d) Inform patient of follow-up required.

TAB C-16

HAZARDOUS WASTE

A. **PURPOSE**: To provide guidance for the collection, handling and disposal of hospital generated wastes which have contacted living organisms or may otherwise be considered infectious or hazardous.

B. **DEFINITION**:

1. Background: The operation of health care facilities creates waste materials, some of which are hazardous. A subset of hazardous waste is infectious waste; proper handling of infectious waste is mandatory, to prevent spread of infectious diseases. The methods of handling infectious waste, from its generation to its ultimate disposal, must be adhered to strictly by all hands, without exception.

2. Relationship with Host Nations: It is anticipated that the hospital will be operating, in a wartime or conflict mode, on foreign soil. Close liaison with force planners during the pre-deployment planning phase is essential for the hospital command to determine host nation requirements for handling, storage and disposal of infectious hazardous wastes. Whenever possible, agreements and/or contracts with host nations should be secured for the incineration or sanitary burial of wastes in accordance with the host nation's regulations. During peacetime exercises on U.S. soil, adherence to federal, state and local environmental laws and regulations, partially listed in Appendix A, shall be strictly enforced.

3. Categories of Hospital Generated Waste: It must be clearly understood that the field hospital will generate four distinct categories of waste. Each type will require special handling procedures from generation to disposal. These categories are:

(a) Infectious waste - generated in patient contact, laboratory and surgical areas.

(b) Hazardous waste - usually chemical in nature and generated in the Laboratory, X-ray and Public Works department.

(c) Infectious hazardous waste - generated in the laboratory.

(d) Non-infectious waste - generated in all areas of the hospital.

4. Definitions.

(a) Infectious waste is defined as waste originating

from the diagnosis and treatment of people. There are five (5) broad categories of infectious waste recognized by the Centers for Disease Control (CDC): microbiological, blood and blood products, pathological, sharps, and isolation waste. Examples of each of these types include, but are not necessarily limited to, the following:

(1) Microbiological - wastes generated in laboratories processing bacterial, fungal, mycobacterial, or viral materials, such as media-containing plates, tubes, or diagnostic strips; swabs; glass slides; pipettes. Live virus vaccines (including smallpox, yellow fever, rubella, measles, mumps, polio, and adenovirus) and any of the associated equipment for their use also fall into this classification.

(2) Blood and blood products - wastes generated in the collection processing, and use of blood and blood products; tubes for diagnostic blood collection; items and materials contaminated with blood or blood products that are not designed for cleaning, resterilization, and reuse.

(3) Pathological - pathologic specimens, body tissues, contaminated disposable instruments, and laboratory waste generated in the performance of medical treatment procedures and diagnostic laboratory testing.

(4) Sharps - any diagnostic or therapeutic item possessing a surface capable of piercing human skin, not designed for cleaning, resterilization, and reuse. Examples would include needles for injections, preparation of intravenous medicinals, indwelling cannulae, and diagnostic testing (e.g., lumbar puncture, thoracentesis, paracentesis, etc.); scalpels; and other disposable instruments with a surface capable of piercing human skin.

(5) Isolation waste - wastes generated in the therapy of patients on isolation precautions. Examples would include gowns; gloves; masks; head covers; dressings; disposables basins; paper towels used in isolation rooms; and other such items and materials used in the care of isolation patients that are not designed for cleaning, resterilization, and reuse.

(b) Fomites - an object or item that is not of itself harmful, but may harbor pathogenic microrganisms and serve as a vehicle in the transmission of infections. Examples would include but are not limited to bedding, linen, cloth towels and washrags, diagnostic medical instruments (e.g., stethoscopes, sphygmomanometers, thermometers), and personal items (e.g., razors, toothbrushes, toiletries).

(c) Hazardous waste - any wastes, or combination of wastes, which because of its quantity, concentration, physical or chemical properties may pose a substantial present or

potential threat to human health or the environment when improperly treated, stored, transported, disposed of or otherwise managed.

(d) Infectious hazardous waste - any combination of materials and agents that meet the definitions described in 2-4.a. and 2-4.c. above. These wastes will typically be generated in the laboratory when organic pathogens are combined with hazardous chemicals or reagents.

(e) Non-infectious waste - waste generated from non-clinical spaces and waste from patients and their related procedures, where no infection or contagious disease exists.

(f) Storage - the holding of infectious hazardous waste for a temporary period, at the end of which the waste is treated, disposed of, or stored elsewhere.

(g) Treatment - any method, technique, or process designed to change the chemical, physical, or biological characteristics of any infectious hazardous waste so as to render such waste nonhazardous, or less hazardous or safer for transportation storage or disposal.

(h) Autoclave - an apparatus using steam under pressure for sterilizing medical equipment.

C. **EQUIPMENT, SUPPLIES, AND FORMS REQUIRED**: N/A.

D. **CRITERIA**:

Hazardous waste is properly handled and disposed.

E. **STEPS**:

1. Handling.

(a) Infectious and infectious hazardous waste.

(1) Ward and laboratory personnel shall utilize personal protective clothing and procedures which would normally be practiced in a traditional health care setting for the control of the spread of disease.

(2) Personnel shall wear disposable gloves, gowns, and shoe and hair covers.

(3) Patient contact and laboratory areas will utilize clearly marked, impervious, containers for the disposal of all sharps. When full, the sharps container shall be securely closed with autoclave tape.

(4) Patient areas will utilize clearly marked containers lined with double plastic bags, the outer bag being an orange autoclavable "biological hazard" bag. These containers will be separate from non-infectious "trash" containers. When full, the inner bag will be sealed with autoclave tape. The outer bag will be sealed with filament reinforced tape and autoclave tape.

(b) Hazardous waste.

(1) Protective equipment, as described in DHHS (NIOSH) Publication No. 81-123 (see Appendix A), will be utilized by personnel handling hazardous waste.

(2) All hazardous waste will be containerized. Ideally, in the original container or containers designed for the collection of such wastes such as those provided with automated laboratory equipment.

(3) Containerized and transporting to storage areas will be accomplished by the waste generator (i.e., lab, x-ray, public works, etc.).

2. Transport and storage.

(a) Infectious waste.

(1) Ward personnel will deliver properly sealed sharps containers and double bagged infectious waste, to the laboratory temporary holding area, on a regularly scheduled basis. Ideally, this area will be one of low traffic and prohibitive to patient care, smoking, eating, and food or medicinal handling.

(2) Ideally, ward personnel will store and transport multiple bags of infectious waste in large, covered containers (i.e., "GI" cans with tight fitting lids). These containers shall be scrubbed with a germicidal solution at least once per shift or more often if grossly contaminated.

(3) Laboratory personnel will handle and routinely autoclave waste under steam pressure for a minimum of fifteen (15) minutes. After proper autoclaving, these wastes may be handled as noninfectious depending on host nation requirements.

(b) Hazardous waste.

(1) As noted in paragraphs 3-1 b.2, hazardous waste will be stored in their original containers or those designed for collection of such wastes.

(2) Waste generating personnel will containerize waste according to its chemical grouping such as lubricants, fuels, acids, alkalines, chlorinated hydrocarbons, etc.

Containers will be tightly sealed and labeled.

(3) Storage areas will be at least 100 yards from the hospital compound and actual or potential potable water sources. Ideally, these areas will be elevated with natural drainage away from the hospital and water sources. Waste containers should be protected from the elements and the area clearly marked as "Hazardous Waste Storage."

3. Disposal.

(a) General. It must be understood that, in an operational situation, the methods of waste disposal range form ideal to undesirable. The following disposal methods are intended to guide the hospital command towards utilization of the best disposal method for any given situation.

(1) Host Nation Agreement - Under the Status of Forces Agreement the cognizant Commander-in-Chief (CINC) will negotiate with the host country for disposal services.

(2) The cognizant CINC will provide disposal services utilizing established logistical support channels within the theater of operations such as the Supply Battalion of the Force Service Support Group, or supply ships.

(b) Methods. In the absence of the preferred, above mentioned disposal methods, the following may be utilized.

(1) Nonhazardous/noninfectious waste (including properly autoclaved infectious waste).

a Burial in a pit as deep as organic equipment will allow and covered with at least two feet of earth. Burial pits should be at least 100 yards from the hospital compound and potable water sources.

b Burning by mixing with fuel oil until only ash remains. Ash should then be buried as above. Tactical consideration must be given to open burning as smoke may give away the hospitals location.

(2) Hazardous waste.

a Laboratory chemical waste which contains infectious, organic matter, is to be treated as hazardous as autoclaving of liquids in closed containers is not authorized.

b Burial in sealed, marked containers, as deep as organic equipment will permit. Burial sites should be lined with plastic sheeting, covered with at least four feet of earth and conspicuously marked. Sites should be at least 100 yards from the hospital compound and potable water sources.

F. **RESPONSIBILITY**:

1. The Commanding Officer is responsible for ensuring the proper management of the overall infectious and hazardous waste program and to interface with the host nation to ensure local regulations are satisfied.

2. Nursing Service via the clinical staff is responsible for the handling of all wastes generated in clinical spaces. This includes ensuring that adequate supplies of hampers, bags, tapes, sharps containers, and protective clothing are maintained in these spaces.

3. Laboratory Service is responsible for handling hazardous infectious wastes once it is delivered to or generated by the laboratory. The service is also responsible for proper autoclaving of such wastes to render it free from pathogens.

4. Surgical Service is responsible for handling wastes generated within the operating room giving special attention to surgically removed human tissue.

5. Operating Management is responsible for the removal of waste from the central collection points, including the laboratory, and delivery to the designated pickup area such as the "back loading dock."

6. Public Works Department is responsible for the removal of wastes from the hospital compound and ensuring its proper disposal as outlined in this SOP.

TAB C-17

PROCEDURES FOR RELEASE OF MEDICAL INFORMATION

A. **PURPOSE**: To provide procedures of release of medical information within the hospital.

B. **DEFINITION**: Medical Information - Information contained in the health or dental record of individuals who have undergone medical examination or treatment.

C. **EQUIPMENT, SUPPLIES, AND FORMS REQUIRED**: N/A.

D. **STEPS**: Upon presentation of requests for medical information refer to procedures contained in the following references:

1. Manual of the Medical Department, Chapter 23.

2. Freedom of Information Act, BUMEDINST 5720.8.

3. Personal Privacy and Rights of Individuals Regarding Records, SECNAVINST 5211.5.

4. Availability of Navy Records, Policies, SECNAVINST 5720.42.

E. **GENERAL GUIDELINES**:

1. Information contained in health care records of individuals who have undergone medical or dental examination or treatment is personal to the individual and is therefore considered to ba of a private and confidential nature. Information from such health care records, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy, should not be made available to anyone except as authorized by the patient or as allowed by the provisions of Manual of the Medical Department Chapter 23 and the Privacy Act of 1974 as implemented by SECNAVINST 5211.5 series.

2. Release of information will be coordinated by the Patient Affairs Officer.

3. Personal information of non-medical nature will not be released.

4. Personnel in the patients chain of command may be provided with information required to conduct command business but will be referred to the Patient Affairs Office.

5. Release of information will conform to local command and superior command policy.

6. All Department Heads shall ensure wide dissemination of this information and compliance with procedures outlined herein.

F. **RESPONSIBILITY**:

1. Director of Administration.

2. Patient Affairs Officer.

3. Charge Nurse or Assistant.

TAB C-18

PROCEDURE FOR PICK-UP AND DELIVERY OF HOSPITAL LAUNDRY

A. **PURPOSE**: It will be logistically impossible to pick up and deliver laundry at each individual ward and CSR. Therefore, this procedure establishes central collection points and the methodology for preparing laundry for turn-in.

B. **DEFINITIONS**: N/A.

C. **EQUIPMENT, SUPPLIES, AND FORMS REQUIRED**:

1. Canvas laundry bags.

2. Request for clean linen/laundry.

D. **CRITERIA**: N/A.

E. **STEPS**:

1. Designated Laundry Petty Officer will:

(a) Set up laundry bags, tagging one for bed linen, one for clothing (including patient clothing), and one for contaminated laundry.

(b) Daily at 0800, take the soiled laundry to the nearest Clinical Work Space along with a request for the next day's linen/laundry supply.

(c) Distribute cleaned patient clothing.

2. Linen Control Clerks.

(a) Pick-up and receipt for hospital laundry at each Clinical Work Space.

(b) Collect Requests For Clean Linen/Laundry.

(c) Fill requests submitted the previous day and return cleaned patient clothing.

TAB C-19

PROCEDURE FOR HANDLING AND LAUNDERING CONTAMINATED LINENS

A. **PURPOSE**: The Combat Zone Fleet Hospital will generate a significant amount of contaminated linen within the operating rooms and treatment wards. These items will require special handling and laundering to prevent the spread of infection.

B. **DEFINITION**: Contaminated laundry is defined as those items requiring special disinfection and laundering to preclude the spread of infection.

C. **EQUIPMENT, SUPPLIES, AND FORMS REQUIRED**:

1. Chlorine bleach solution.

2. Latex gloves.

D. **CRITERIA**: N/A.

E. **STEPS**:

1. Hospital ward personnel will bag contaminated laundry separate from regular laundry. Gloves are to be worn when handling contaminated laundry.

2. Contaminated laundry will be receipted by the Linen Control Clerks and delivered to the laundry.

3. At the Laundry all contaminated laundry will be segregated from that requiring only routine processing.

4. Based on the next day's requirements and current inventory the contaminated laundry will be assigned a processing priority.

5. The contaminated laundry will be processed as follows:

(a) Presoak the contaminated laundry for 60 minutes in a chlorine solution of 50 ppm.

(b) Wash the linen in hot water using a normal cycle.

6. Once laundered these items will be placed in inventory for re-issue.

F. **RESPONSIBILITY**:

The Head, Environmental Health Department is responsible for routinely monitoring the handling and laundering of contaminated items to preclude the spread of infections.

CAUTION: Extreme care must be taken to avoid contact with the contaminated laundry to prevent the spread of infection to laundry and other hospital personnel.

TAB C-20

PATIENT PROCEDURES FOR HANDLING EXPATRIATED PRISONERS OF WAR

A. **PURPOSE**: To detail patient handling procedures for expatriated prisoners of war within the fleet hospital.

B. **DEFINITION**:

Expatriated prisoners of war (EPW) - those patients who require treatment who are prisoners of U.S. or allied combat forces.

C. **EQUIPMENT, SUPPLIES, AND FORMS REQUIRED**:

1. Restraints (theater command military police or hospital issue).

2. Others as specified in admission procedures (all forms will be marked with the words "Prisoner of War" or "EPW").

D. **STEPS**:

1. Upon presentation of EPW to functional area, notify Security Department.

2. Upon admission to Casualty Receiving, Security will be responsible for the following notifications:

(a) Theater command military police (MP) headquarters.

(b) Executive Officer.

(c) Director of Nursing.

(d) Director of Administration.

3. Perform essential life saving care.

4. Inform MP that custody of patient will not be assumed by hospital staff and that MP will retain custody of EPW until relieved by appropriate MP headquarters staff or patient is transferred to EPW holding center (external to hospital).

5. After treatment, have corpsman or litter bearer escort MP and EPW to next functional area charge nurse. Admissions packet, correctly annotated will be delivered by hand to charge nurse.

6. During course of treatment, patient will be guarded by MP and/or restrained until treatment is terminated.

7. Movement to another functional area will be reported to

Security.

8. EPW's will be fed either on the ward or in the general mess. If allowed to eat in the general mess, EPW's will be accompanied by MP guards.

E. **RESPONSIBILITY**:

CMAA/Security.

TAB C-21

CASUALTY WITH UNEXPLODED ORDNANCE EMBEDDED

A. **PURPOSE**: To provide guidance in admitting, processing, and treating a casualty who has unexploded ordnance embedded in a body part.

B. **DEFINITION**: An explosive device (most often from a rifle grenade fired at close range) which has not travelled sufficient distance for fuse detonation and explosion, and is embedded in the body of a casualty.

C. **EQUIPMENT, SUPPLIES, AND FORMS REQUIRED**:

Sandbags.

D. **CRITERIA**:

1. Sandbags will be stored outside Casualty Receiving Area.

2. Ordnance removed from the casualty's body without detonation.

3. Ordnance removed from the hospital environment without detonation.

4. Ordnance disposed of safely.

E. **STEPS**:

1. Prepare sandbags.

(a) Casualty Receiving Senior Corpsman is responsible for filling bags with sand and storing bags in a sheltered area outside Casualty Receiving.

(b) Prepare sandbags when setting up area.

2. Care of casualty with unexploded ordnance.

(a) Place casualty in area removed from other casualties and personnel.

(1) Keep casualty outside, if possible.

(2) If inside, stack sandbags around the casualty.

(3) Have absolute minimum of personnel near casualty.

(b) Call Security and have them summon an explosive ordnance disposal expert.

(c) Upon determination of what the ordnance is, take additional safety precautions as determined by the attending surgeon in conjunction with the explosive ordnance disposal expert.

(d) Prepare casualty for removal of ordnance as soon as practicable. If in the OR, stack sandbags around the casualty and immediate operating personnel. All other personnel remain outside the perimeter of sandbags.

(e) Tag inpatient record chart to alert other personnel to the presence of unexploded ordnance prior to transfer from initial intake point.

(f) After removal of the unexploded ordnance, give it to the explosive ordnance disposal expert, who will then dispose of the ordnance in a safe and appropriate manner.

F. **RESPONSIBILITY**:

1. Casualty Receiving Senior Corpsman.

2. Admitting clerk.

3. Surgeon.

4. Explosive ordnance disposal expert.

TAB D

STANDARDS AND JOB DESCRIPTIONS INDEX

TAB D-1

CLEANING SCHEDULE

A. **PURPOSE**: To keep the environment as clean as possible.

B. **EQUIPMENT, SUPPLIES, AND FORMS REQUIRED**:

1. 4 scrub basins/buckets.
2. Gloves.
3. Wet-dry vacuum.
4. Scrub brushes.
5. Sponge mop.
6. Wipes.
7. Detergent, GP.
8. Germicidal solution.
9. Laundry hamper.
10. Plastic, laundry bag.
11. Plastic trash bag.
12. Covered container for medical/dental wastes.
13. 70% isopropyl alcohol.

C. **CRITERIA**:

1. The Minor Surgery equipment, table, lights are damp-dusted at the completion of all cases.

2. Cleaning and set up time between each case will not exceed 30 minutes.

3. Trash, soiled linens, medical wastes, and instrument trays are removed after each case.

4. Daily cleaning will be performed on night watch. During peak states clean during lag periods.

5. Counter tops are cleaned daily.

6. Decks are wet-vacuumed daily.

7. Temper tent equipment, shelving, litter cleaned weekly.

D. **STEPS**:

1. After each patient, clean the patient area and restock supplies to be ready for the next admission.

(a) At completion of each case, segregate and dispose of all used items.

(1) Roll up contaminated linens and double bag in a plastic bag inside a contaminated laundry bag.

(2) Place other linens in cloth laundry bag.

(3) Place trash in double plastic bags and dispose of in designated trash area.

(4) Empty drainage bottles into a covered medical waste container.

(5) Rinse all used instruments in cold water.

(6) Disengage all needles and scalpel blades from handles/holders and place in a separate tray/basin.

(7) Label any defective equipment.

(b) Place all instrument trays and laundry bags on wire cart adjacent to Specialty Treatment Area entrance.

(c) Send used trays, instruments to CSR at 0800 and every 2 hours after that.

(d) Prepare germicidal solution in basin according to label on box.

(e) Wearing gloves, damp dust with germicidal solution or 70% isopropyl alcohol, OR table and lights, equipment used in patient care.

(f) Place all equipment in neutral position; OR table horizontal, Mayo stands at low position, dental chairs in low upright position.

(g) Allow surfaces to air dry.

(h) Empty sump under sink after each case involving application of plaster. Discard firm plaster into trash.

2. Daily cleaning schedule.

(a) Wash decks with wet-vacuum using germicidal solution on night watch.

(b) Wash scrub sink area on night watch.

(c) Damp dust shelving in minor operating room area on night watch.

(d) Allow surfaces to air dry.

(e) By 0800, deliver soiled linen to Clinical Workspace 1, Medical Support, for pick up by laundry.

3. Weekly cleaning schedule.

(a) Wipe down litter rack, storage cabinets, shelving and deck tops.

(b) Clean the refrigerator and ice machine.

E. **RESPONSIBILITY**:

Senior Corpsman or LPO will assign cleaning details to watch.

TAB D-2.1

HEAD, DENTAL DEPARTMENT JOB DESCRIPTION

BILLET SEQUENCE CODE 65020.00

PRIMARY RESPONSIBILITY:

Advises the Commanding Officer on all matters affecting the dental fitness of patients and staff.

COLLATERAL RESPONSIBILITIES:

Serves as principal Triage Officer in Casualty Receiving during daylight hours.

DUTIES:

1. Triages incoming casualties.

2. Conducts dental examinations and supervises dental hygiene, instituting measures to prevent or control dental diseases.

3. Renders professional services to inpatients and assigned personnel.

4. Studies local conditions to make dental services available to the greatest number possible.

TAB D-2.2

ORAL SURGEON JOB DESCRIPTION

BILLET SEQUENCE CODE 65080.00

PRIMARY RESPONSIBILITY:

Performs surgery to correct or improve diseased or injured conditions of mouth or related structures including jaws, teeth, and adjacent tissue.

COLLATERAL RESPONSIBILITIES:

Works in concert with other surgical specialists in treating maxillo-facial injuries and disease.

DUTIES:

1. Reduces and fixates fractures of the maxillofacial apparatus.

2. Treats infections and other soft tissue abnormalities and injuries of the orofacial region.

3. As necessary, treats pathologic conditions of the oral and maxillofacial regions.

4. Directs perioperative and oral surgical patient care.

TAB D-2.3

GENERAL PRACTITIONER JOB DESCRIPTION

BILLET SEQUENCE CODES 65040.00 & 65060.00

PRIMARY RESPONSIBILITY:

Performs routine duties of general practitioner of dentistry.

COLLATERAL RESPONSIBILITIES:

Serves as Triage Officer in the Casualty Receiving Area in the absence of those regularly assigned to that function or in times of peak loading.

DUTIES:

1. Maintains dental health of inpatients and assigned personnel.

2. Diagnoses and treats dental diseases and disorders.

3. Conducts routine dental examinations.

4. Supervises technical personnel in routine dental laboratory procedures.

5. Conducts routine dental inspections.

6. Assists in Oral Surgery.

7. Triages incoming casualties.

TAB D-2.4

GENERAL PRACTITIONER JOB DESCRIPTION

ADVANCED DENTAL TECHNICIAN JOB

BILLET SEQUENCE CODES 65010.00 & 65030.00

PRIMARY RESPONSIBILITY:

Assist Dental Officer in organizing and managing the Dental Department facilities and personnel. Assists in the management and evacuation of mass casualties and training.

DUTIES:

1. Perform advanced dental administrative, logistical, and financial duties.

2. Supervise and coordinate records management.

3. Supervise and maintain financial records

4. Conduct inspections to determine and improve material readiness of the dental spaces.

5. Coordinate and prepare departmental watch bills.

6. Coordinate departmental activities and resources with those of other command requirements.

TAB D-2.5

DENTAL LABORATORY TECHNICIAN JOB DESCRIPTION

BILLET SEQUENCE CODE 65110.00

PRIMARY RESPONSIBILITY:

Perform procedures and techniques required in the construction of simple dental prostheses.

COLLATERAL RESPONSIBILITIES:

Assist in the management and evacuation of mass casualties. Act as departmental workload coordinator in the absence of the regularly assigned petty officer.

DUTIES:

1. Construct and repair prostheses as determined appropriate to existing conditions.

2. Fabricate oral splints and stints.

3. Administer equipment user preventive maintenance program.

TAB D-2.6

DENTAL TECHNICIAN JOB DESCRIPTION

BILLET SEQUENCE CODES 65050.00, 65070.00, 65070.01

65090.02, & 65090.03

PRIMARY RESPONSIBILITY:

Render dental first aid, perform dental prophylactic treatments under the supervision of a dental officer, perform routine clerical, and clinical duties.

DUTIES:

1. Prepare dental materials used in endodontic, periodontic, and prosthetic procedures.

2. Prepare setups for all phases of dentistry.

3. Coordinate central sterilization procedures.

4. Expose, process, and mount intra and extra-oral films.

5. Perform advanced clinical tasks in all phases of dentistry.

6. File and dispose of correspondence, directives, and publications.

7. Prepare required reports.

8. Provide emergency lifesaving treatment for respiratory, cardiac, hemorrhagic, and shock emergencies.

9. Perform farenteral therapy procedures.

10. Perform routine user maintenance on dental equipment.

11. Assist in oral surgery procedures.

12. Assist in CSR procedures as necessary.

TAB E

REFERENCES INDEX

NUMBER	REFERENCE NUMBER	TITLE
E-1	NAVMED 6600.1	Dental Information Retrieval System (DIRS) Manual

TAB F

FORMS INDEX

TAB F-3

FLEET HOSPITAL UNIT NO 1

DENTAL DAY LOG
(Left Page)

DATE ___ ____ _____
DD MO YR

TIME	NAME	REGISTER NUMBER	SSN	RANK	WARD	ATTENDING DENTIST

TAB F-3

FLEET HOSPITAL UNIT NO 1

DENTAL DAY LOG
(Right Page)

COMPLAINT TREATMENT

TAB F-4

INSTRUMENT TRAY ASSEMBLY CARD

Format

Title of Instrument Tray

A. Instruments:

#	Name	#	Name

B. Glassware:

#	Name

C. Linens:

#	Name

D. Others:

#	Name

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5 X 8" Card

TAB F-8

POST-EXTRACTION CARE INSTRUCTIONS

Surgical extraction wounds usually heal without complications if simple precautions are taken. However, these wounds should not be neglected. You have just had an operation. Treat yourself with due care; do not overexert; reduce physical activity for 48 hours after an extraction. These steps reduce bleeding and permit the formation of a clot in the tooth socket necessary for healing.

1. BLEEDING:

Some bleeding may continue for the first day after the extraction. To help control the bleeding, place a clean, moist gauze pad directly on the bleeding spot. Close teeth tightly over this pad so that there is pressure on the spot. Maintain this pressure for about 15 minutes. Repeat if necessary.

2. COLD APPLICATIONS:

Some swelling may occur after the extraction but is not cause for concern. There may also be considerable discomfort for a while after the anesthetic effects have disappeared. Use of an ice bag or cold moist cloth continuously on the day of surgery may limit this normal body reaction.

3. RINSING THE MOUTH:

The blood clot should be given time to form and should not be disturbed. Therefore, the mouth should not be rinsed during the day of extraction. Normal oral hygiene should be maintained. After the first day, use warm water and rinse the area of surgery gently, approximately four times each day and continue normal oral hygiene.

4. PAIN RELIEF:

Take the medications as prescribed beginning as soon as possible after surgery. If there is prolonged or severe pain, swelling, bleeding, or if fever is present contact the Dental Department.

5. FOLLOW UP CARE:

Return to the Dental Department in 5 to 7 days as directed to have sutures removed and the extraction site examined.